

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		2		1		
11		2		1		
12		2		1		
13		1		1		
14	1					
15	1		1			
16		1		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
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26	1		1			
27		1		1		
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40	1		1			
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49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	34	←		←
TOTAL CLAIMS			40			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						